**ECORPNU** 

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Khai Hee KWAN P.O.Box 1178 Sandakan 90713 Sabah Malaysia

Email: khkwan@yahoo.com Fax Number: 1-509-696-4812

Attention: Cashier Technology Center 3600 C/o U.S. Department of Commerce Patent and Trademark Office Commissioner of Patents and Trademarks Washington, DC 20231

FAX Number: 703-305-7638 703-872-9326

## RE: INFORMALITY RE PAYMENT OF FEE. Application 09/376381

I refer to the above and the attached informality RE Payment of Fee as appended for my application number 09/376381 with filing date 08/18/1999 and examiner being Debra Charles of your center of Art Unit 3629.

In compliance with the above Informality, I have attached Form PTO-2038 with the relevant details of my credit card to enable the payment of US 42.00 (Forty Two Dollars) only.

For your information, this fax contains the following:

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Please execute the necessary payment for me and confirm payment via my email above so I can inform the examiner of the completion of this process. For your necessary action.

Yours truly,

Khai'Hee KWAN

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09/3-76-381 08/18/1999 KHAN HEE KWAN

EXAMINER

Debra Charles

ART UNIT FARER NUMBER

3 6 2-9

DATE MAILED: (1/10/12 002)

## INFORMALITY RE PAYMENT OF PER

The informaticy regarding the payment of the fee in connection with the original filing fee amendmented	
A. FE	E DUA
ı. <u> </u>	The emindment is considered incomplete in that the funds in Depusit Account No
2. [	The amendment is considered an incomplete response, in that payment of \$ is insufficient to cover the claims as shown in the attached Patient Application Fee Determination Record. Remissance is due within the period set below.
3. (22)	The amendment has not been entered, since applicant has failed to remit (ar authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4.	The filing fee of S submitted in this application is insufficient.
	A balance of \$ is due for additional claims.
5. 📭	
	APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE.  OR ONE (I) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF S 42.40
B. EX	CESS PAYMENT:
5. 🗆	is in excess of the attount necessary to cover the claims now in the application. See the structed Patent Application For Determination Record.
	This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.
	FAX RECEIVED Phillip Daniel
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